

**CONFIDENTIAL (DO NOT ATTACH TO PETITION)**

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address):</i>		TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>
ATTORNEY FOR <i>(Name):</i>			
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>			
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
<b>CONSERVATORSHIP OF (NAME):</b>		PROPOSED CONSERVATEE	
<b>CONFIDENTIAL SUPPLEMENTAL INFORMATION</b> <b>(Probate Conservatorship)</b> <b>Conservatorship of</b> <input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Estate</b> <input type="checkbox"/> <b>Limited Conservatorship</b>		CASE NUMBER:	
		HEARING DATE:	
		DEPT.:	TIME:
1. a. <b>Proposed conservatee <i>(name):</i></b> b. Date of birth: c. Social Security No.:			

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| <p>1. a. <b>Proposed conservatee (name):</b></p> <p>b. Date of birth:</p> <p>c. Social Security No.:</p> | <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 5px;"> <span>DEPT.:</span> <span>TIME:</span> </div> |
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2. ☐ UNABLE TO PROVIDE FOR PERSONAL NEEDS\* The following facts support petitioner's allegation that the proposed conservatee is unable to provide properly for his or her needs for physical health, food, clothing, and shelter (*specify in detail. Enlarge upon the reasons stated in the petition. Provide specific examples from the proposed conservatee's daily life showing significant behavior patterns*): ☐ Specified in Attachment 2.

(Continued on reverse)

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CONSERVATORSHIP OF (NAME):  <div>PROPOSED CONSERVATEE</div>	CASE NUMBER:
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3. ☐ UNABLE TO MANAGE FINANCIAL RESOURCES\* The following facts support petitioner's allegation that the proposed conservatee is substantially unable to manage his or her financial resources or to resist fraud or undue influence (*specify in detail. Enlarge upon the reasons stated in the petition. Provide specific examples from the proposed conservatee's daily life showing significant behavior patterns.*): ☐ Specified in Attachment 3.

4. RESIDENCE ("Residence" means the place usually described as "home"; for example, owned real property or long-term rental)  
a. The proposed conservatee is **located** at (*street address, city, state*):

- b. The proposed conservatee's **residence** is\* ☐ the address in item 4a ☐ other (*street address, city, state*):

(Continued on next page)

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CONSERVATORSHIP OF (NAME):  PROPOSED CONSERVATEE	CASE NUMBER:
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## 4. RESIDENCE (continued)

### c. **Ability to live in residence\*** The proposed conservatee is

- (1) ☐ **living** in his or her residence and
- (i) ☐ will continue to live there unless circumstances change.
  - (ii) ☐ will need to be moved after a conservator is appointed (*specify supporting facts below in 4c(3)*).
  - (iii) ☐ other (*specify and give supporting facts below in 4c(3)*).
- (2) ☐ **not living** in his or her residence and
- (i) ☐ will return by (date): (*specify supporting facts below in 4c(3)*).
  - (ii) ☐ will not return to live there (*specify supporting facts below*).
  - (iii) ☐ other (*specify and give supporting facts below in 4c(3)*).
- (3) ☐ Supporting facts (*specify if required*): ☐ Specified in Attachment 4.

## 5. ALTERNATIVES TO CONSERVATORSHIP\* Petitioner has considered the following alternatives to conservatorship and found them to be unsuitable or unavailable to the proposed conservatee (*specify alternatives considered and reasons each is unsuitable or unavailable*): ☐ Reasons specified in Attachment 5.

a. Voluntary acceptance of informal or formal assistance (*reason unsuitable or unavailable*):

b. Special or limited power of attorney (*reason unsuitable or unavailable*):

c. General power of attorney (*reason unsuitable or unavailable*):

d. Durable power of attorney for ☐ health care ☐ estate management (*reason unsuitable or unavailable*):

e. Trust (*reason unsuitable or unavailable*):

f. Other alternatives considered (*specify and give reason each is unsuitable or unavailable*):

(Continued on reverse)

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CONSERVATORSHIP OF (NAME):

CASE NUMBER:

PROPOSED CONSERVATEE

6. SERVICES PROVIDED\* (complete a or b, or both a and b)

- a. ☐ During the year before this petition was filed,
- (1) **health services** ☐ were provided ☐ were not provided to the proposed conservatee (explain):  
☐ Explained in Attachment 6a(1).

- (2) **social services** ☐ were provided ☐ were not provided to the proposed conservatee (explain):  
☐ Explained in Attachment 6a(2).

- (3) **estate management assistance** ☐ was provided ☐ was not provided to the proposed conservatee (explain):  
☐ Explained in Attachment 6a(3).

- b. ☐ Petitioner has **no knowledge** of what ☐ social services ☐ health services ☐ estate management assistance were provided to the proposed conservatee during the year before this petition was filed. Petitioner has no reasonable means of determining what services were provided.

7. SUPPORTING FACTS (AFFIDAVITS) The information provided above is stated

- a. Item 1: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 1a.  
b. Item 2: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 2a.  
c. Item 3: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 3a.  
d. Item 4: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 4a.  
e. Item 5: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 5a.  
f. Item 6: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 6a.

8. ITEMS NOT APPLICABLE The following items on this form were not applicable to the proposed conservatee:

- ☐ 2 ☐ 3 ☐ 4b ☐ 4c ☐ 5 ☐ 6 (specify reasons each item is not applicable):  
☐ Reasons specified in Attachment 8.

9. ☐ Number of pages attached: \_\_\_\_\_

10. DECLARATION I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)